1422324

FORM D

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D



NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. **SECTION 4(6), AND/OR**

OMB APPROVAL 3235-0076 **OMB Number:** Expires: Estimated average burden hours per response.....16.00

SEC USE ONLY										
Prefix		Serial								
DA	TE RECEIV	ED								

INIFORM LIMITED OFFERING EXEMPTION
Name of Offering (check if this is an amendment and name has changed, and indicate change.) The Eating Establishment-Giles, L.IC.
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA CEL 2 6 2007
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) The Eating Establishment-Giles, L.I.C.
Address of Executive Offices (Number and Street, City, State, Zip Code) Telephone Number Nucleying Area Code)
P.O. Box 6042, Lincoln, NE 68506
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) 12149 McDermott Plaza, LaVista, NE 68128
Operation of a Runza Restaurant PROCESSEI
Type of Business Organization corporation
Month Year Actual or Estimated Date of Incorporation or Organization: 08 06 Actual Estimated Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: CN for Canada; FN for other foreign jurisdiction) NE
GENERAL INSTRUCTIONS
Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Comm ssion, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

			A. BASIC IDI	ENTII	FICATION DATA				
2. Enter the information re	quested for the fol	lowir		_					
• Each promoter of t	he issuer, if the is:	suer h	as been organized w	ithin (the past five years;				
 Each beneficial ow 	ner having the pow	er to	vote or dispose, or di	rect th	e vote or disposition	of, 10	% or more o	f a clas	s of equity securities of the issuer.
Each executive off	icer and director o	f corp	onrate issuers and of	corpo	rate general and man	aging	partners of	partn	ership issuers; and
Each general and r	nanaging partner o	f part	nership issuers.						
Check Box(es) that Apply:	Promoter	X	Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner
Full Name (Last name first, i	f individual)				<u> </u>				
Sjulin, Renee									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
P.O. Box 6042, Lin	ncoln, NE 685	06							
Check Box(es) that Apply:	X Promoter	X	Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Everett, Jr., Dona	ald R.								
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
P.O. Box 6042, Lin	ncoln, NE 685	06							
Check Box(es) that Apply:	X Promoter	X	Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner
Full Name (Last name first, i	f individual)				·····				
Amend, Dawn									
Business or Residence Addre	ss (Number and	Stree	t, City, State, Zip Co	ode)					
P.O. Box 6042, Lin	ncoln, NE 685	06							
Check Box(es) that Apply:	X Promoter	X	Beneficial Owner		Executive Officer		Director	X	General and/or Managing Partner
Full Name (Last name first, i	f individual)			•					
Everett, Sr., Dona	ald R.			_					
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	ode)					
P.O. Box 6042, Li	ncoln, NE 685	06							
Check Box(es) that Apply:	Promoter		Beneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street	t, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Heneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Street	i, City, State, Zip Co	de)					
Check Box(es) that Apply:	Promoter		Eleneficial Owner		Executive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	f individual)								
Business or Residence Addre	ss (Number and	Strcet	, City, State, Zip Co	de)				•	,
	(Use blai	nk she	eet, or copy and use	additie	onal copies of this sl	ect, a	s necessary)	

					В. І	NFORMAT	ION ABOL	T OFFERI	NG				
1.	,										Yes X	No	
	Answer also in Appendix, Column 2, if filing under ULOE.												-00
2.	2. What is the minimum investment that will be accepted from any individual?										••••••	\$ 5,6	
3.	Does th	e offering	permit join	t ownershi	ip ot`a sing	le unit?			••••	***************************************		Yes	No
4.	4. Enter the information requested for each person who has been or will be paid or given, directly or indirectly, an commission or similar remuneration for solicitation of purchasers in connection with sales of securities in the offering If a person to be listed is an associated person or agent of a broker or dealer registered with the SEC and/or with a state or states, list the name of the broker or dealer. If more than five (5) persons to be listed are associated persons of such a broker or dealer, you may set forth the information for that broker or dealer only.												
Ful	Full Name (Last name first, if individual)												
Bu	Business or Residence Address (Number and Street, City, State, Zip Code)												
Nai	Name of Associated Broker or Dealer												
Sta	tes in Wh	nich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	indívidual	States)		••••••••••				***************************************	☐ Al	II States
	AL IL MT RI	AK IN NE SC	IA NV SD	ARI KS NHI TN	CA KY NJ TX	CO LA NM UT	CT ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Ful	l Name (Last name	first, if indi	ividual)		_			 				
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State,	Zip Code)						
Nai	me of As	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	or check	individual	States)				****************	****************		☐ AI	! States
	AL IL MT	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	ID MO PA PR
Ful	l Name (i	Last name	first, if indi	vidual)									
Bus	siness or	Residence	Address (N	Number an	d Street, C	ity, State,	Zip Code)			·			
Nar	me of Ass	sociated Br	oker or Dea	aler									
Sta	tes in Wh	ich Person	Listed Has	Solicited	or Intends	to Solicit	Purchasers	<u> </u>					
	(Check	"All States	or check	individual	States)		***************************************				••••••	☐ Al	l States
	AL IL MT RI	IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TK	CO LA NM UT	CT ME NY VT	DE MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	HI MS OR WY	MO PA PR

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggregat Offering Pr		Aı	mount Already Sold
	Debt	\$ 0		s	0
	Equity			s	0
	☐ Common ☐ Preferred			_	
	Convertible Securities (including warrants)	s 0		s	0
	Partnership Interests			s	0
	Other (Specify) LLC Membership Units		00		,539,200
	Total				,539,200
	Answer also in Appendix, Column 3, if filing under ULOE.	<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>	
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."				Aggregate
		Number Investors			ollar Amount of Purchases
	Accredited Investors	17*		\$_	936,000*
	Non-accredited Investors	16*		s _	603,200*
	Total (for filings under Rule 504 only)			\$ <u>1</u>	,539,200*
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.				
		Type of		D	Oollar Amount
	Type of Offering	Security		_	Sold
	Rule 505			\$_	
	Regulation A			S _	
	Rule 504			\$_	
	Total			\$_	0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees			\$	0
	Printing and Engraving Costs			s	0
	Legal Fees		\mathbf{x}	\$	2,500
	Accounting Fees			s	··
	Engineering Fees	•••••		s_	
	Sales Commissions (specify finders' fees separately)			s	
	Other Expenses (identify) Filing fees, copies, miscellaneous		X	S	1,000
	Total		<u>x</u>	\$:	3,500

* See attached

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF P	ROCEEDS	·····
	b. Enter the difference between the aggregate offering price given in response to Part C — Question 1 and total expenses furnished in response to Part C — Question 4.a. This difference is the "adjusted gross proceeds to the issuer."		\$1,535,700
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C — Question 4.b above.		
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees Franchise fee	\$ 25,000	<u> </u>
	Purchase of real estate]\$	X \$ 613,530
	Purchase, rental or leasing and installation of machinery and equipment]\$	⊠ \$ 140,000
	Construction or leasing of plant buildings and facilities] s	X \$ 625,000
	Acquisition of other businesses (including the value of securities involved in this offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)	ר\$	□\$
	Rugayunanoxookhodebundoxxx Misc. interest and additional legal		
	Woxboogxxxpotox Architect	_	_
	Other (specify): Signage and menu boards		X \$ 36,500
	Supplies/small wares/training and opening/misc] \$	X \$ 37,170
	Column Totals []\$_25,000	\$1,510,700
	Total Payments Listed (column totals added)	\$	<u>1,53</u> 5,700
	D. FEDERAL SIGNATURE		
igr	e issuer has duly caused this notice to be signed by the undersigned duly authorized person. If this notice nature constitutes an undertaking by the issuer to furnish to the U.S. Securities and Exchange Commiss information furnished by the issuer to any non-accredited investor pursuant to paragraph (b)(2) of R	ion, upon writter	
SSL	uer (Print or Type) Signature	ate	
T	he Eating Establishment-Giles, L.L.C.	12-19-	07
Var	ne of Signer (Print or Type) Title of Signer (Print or Type)		7
Re	enee Sjulin Manager		
_			

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

	E. STATE SIGNATURE		_,
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?	Yes	No X
	See Appendix, Column 5, for state response.		
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is find (17 CFR 239.500) at such times as required by state law.	iłed a no	tice on Form
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, informat issuer to offerees.	ion furr	ished by the
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be ent limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claim of this exemption has the burden of establishing that these conditions have been satisfied.		
	ter has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalthorized person.	lf by the	undersigned
•	Print or Type) Eating Establishment-Giles, L.IC. Signature [7] Date [7] 19	07	
Name (Print or Type) Title (Print or Type)		

Manager

Instruction:

Renee Sjulin

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

APPENDIX												
1	Intend to non-a investor	to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1.)		Type of investor and amount purchased in State (Part C-Item 2)							
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No			
AL]											
AK							<u> </u>	}				
AZ									<u> </u>			
AR												
CA								1				
СО									[<u>_</u>			
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FL		<u> </u>						Г <u>.</u>				
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LA								1				
ME												
MD												
MA												
МІ												
MN												
MS												

APPENDIX												
1	Intend to non-a	to sell ccredited s in State -Item I)	dited offering price Type of investor and State offered in state amount purchased in State				Type of investor and					
State	Yes	No		Number of Accredited Investors	Accredited Non-Accredited				No			
МО	:											
мт						:						
NE			LLC Units 184 @ \$8,000 and 12 @ \$5,600	17	\$936,000	16	\$603,200					
NV									Ī			
NH												
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NM												
NY									<u> </u>			
NC												
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UT												
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VA												
WA									ſ			
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				APP	ENDIX				
ì		2	3 Type of security			4	·	under St	lification ate ULOE
	to non-a	to sell accredited rs in State s-Item 1)	and aggregate offering price offered in state (Part C-Item 1)	•	(if yes, attach explanation of waiver granted) (Part E-Item 1)				
State	Yes	No		Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
WY									
PR									

ATTACHMENT TO FORM D

THE EATING ESTABLISHMENT-GILES, L.L.C.

Part C - Question 1, 4.a., 4.b. and 5 and Appendix

The offering reported in this Form D is for the sale of 192 nonvoting membership units (the "Nonvoting Units") in The Eating Establishment-Giles, L.L.C. (the "Company") for an aggregate offering price of \$1,507,200.00 (180 Nonvoting Units at \$8,000.00 per Unit and 12 Nonvoting Units to the restaurant manager at \$5,600.00 per Unit) plus 4 Voting Units for an aggregate offering price of \$32,000.00 (\$8,000.00 per Voting Unit, which said Voting Units were sold to the 4 accredited investor Managers). The total set forth in this Form D is for all 196 Units with total proceeds of \$1,539,200.00.

Proceeds from the sale of Nonvoting Units along with the proceeds from the sale of 4 Voting Units total \$1,539,200.00, and have been budgeted to cover the costs of real estate, acquisition, building construction, equipment, supplies, signage, architect fees, franchise fees, and other costs and expenses in connection with the Restaurant, along with interest on funds advanced to the Company or on its behalf prior to opening, and all legal, printing, securities exemption filing fees, entity filing fees, copy charges, and related expenses in connection with the offering and in connection with the formation of the Company, and provide for miscellaneous items.

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